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**United States Bankruptcy Court**  
of the  
**Northern District Of Illinois**  
**Western Division**

## Trustee's Final Report

In Re: HOLLY M. COMERFORD  
1006 PINE STREET  
FOX RIVER GROVE, IL 60021

SSN-xxx-xx-5183

Case Number: 06-72227

Case filed on: 11/27/2006  
Plan Confirmed on: 4/6/2007

D Dismissed

Total funds received and disbursed pursuant to the plan: \$3,180.00

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
000	ATTORNEY JOHN H REDFIELD	3,274.00	3,274.00	1,024.23	0.00
	Total Legal	3,274.00	3,274.00	1,024.23	0.00
005	ANCHOR RECEIVABLES MGT.	0.00	0.00	0.00	0.00
013	CREDIGY SERVICES CORP.	0.00	0.00	0.00	0.00
014	FRANKS, GERKIN & MCKENNA, P.C.	0.00	0.00	0.00	0.00
015	FREEDMAN ANSELMO LINDBERG & RAPPE	0.00	0.00	0.00	0.00
022	NAFS	0.00	0.00	0.00	0.00
024	OCWEN	0.00	0.00	0.00	0.00
025	OSI COLLECTION SERVICES	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
999	HOLLY M. COMERFORD	0.00	0.00	0.00	0.00
	Total Debtor Refund	0.00	0.00	0.00	0.00
001	JP MORGAN CHASE BANK	6,980.14	1,742.19	1,742.19	225.81
002	UNITED MORTGAGE & LOAN INVESTMENT LLC	3,633.01	3,633.00	0.00	0.00
003	UNITED MORTGAGE & LOAN INVESTMENT LLC	14,801.13	14,801.13	0.00	0.00
	Total Secured	25,414.28	20,176.32	1,742.19	225.81
001	JP MORGAN CHASE BANK	0.00	0.00	0.00	0.00
004	ADVOCATE GOOD SHEPHERD	0.00	0.00	0.00	0.00
006	CENTEGRA HEALTH SYSTEM	0.00	0.00	0.00	0.00
007	CENTEGRA MEMORIAL MEDICAL CENTER	541.00	541.00	0.00	0.00
008	CERTIFIED SERVICES INC	350.50	350.50	0.00	0.00
009	CHASE	0.00	0.00	0.00	0.00
010	CLEARCHECK	39.38	39.38	0.00	0.00
011	COM ED	0.00	0.00	0.00	0.00
012	COMCAST	0.00	0.00	0.00	0.00
016	HEIGHTS FINANCE CORPORATION	3,821.09	3,821.09	0.00	0.00
017	HELLER & FRISONE	0.00	0.00	0.00	0.00
018	MCHENRY COUNTY STATES ATTORNEY	0.00	0.00	0.00	0.00
019	MCI	0.00	0.00	0.00	0.00
020	MEDICAL BUSINESS BUREAU	0.00	0.00	0.00	0.00
021	MEDICAL RECOVERY SPECIALISTS, INC.	0.00	0.00	0.00	0.00
023	NICOR GAS	0.00	0.00	0.00	0.00
026	PAMPERED CHEF	0.00	0.00	0.00	0.00
027	TRI-COUNTY EMERGENCY PHYSICIANS	0.00	0.00	0.00	0.00
028	WASTE MANAGEMENT	0.00	0.00	0.00	0.00
029	WELLINGTON RADIOLOGY GROUP	0.00	0.00	0.00	0.00
030	NORTHERN ILLINOIS MEDICAL CENTER	123.50	123.50	0.00	0.00
031	PORTFOLIO RECOVERY ASSOCIATES	839.62	839.62	0.00	0.00
	Total Unsecured	5,715.09	5,715.09	0.00	0.00
	Grand Total:	34,403.37	29,165.41	2,766.42	225.81

Total Paid Claimant: \$2,992.23  
Trustee Allowance: \$187.77  
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer  
Lydia S. Meyer, Trustee

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**United States Bankruptcy Court**  
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This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 12/28/2008

By /s/Heather M. Fagan